

## Montgomery County Department of Housing and Community Affairs Licensing and Registration Unit

100 Maryland Avenue, Room 260, Rockville, Maryland 20850

240-777-3799 • FAX 240-777-3699 • TTD 240-777-3679 • http://montgomerycountymd.gov/dhca

## Single-Family\Condominium RENTAL FACILITY LICENSE APPLICATION

| Please print clearly or ty Completed application N Legal Agent must be as Payment by check or m Make checks payable to Mail completed applicati Fisca I. RENTAL PROPERTY A | MUST signed oney of MON on with | be signed by the I if owner reside order must accor TGOMERY CO In payment to ad I - July 1 to July | e property owner. s outside Maryland. mpany application. UNTY, MD. Idress above. | License<br>Year Bu<br>Date Re<br>Entered<br>Deposit | #<br>ilt<br>corded<br>By |  |
|--|---------------------------------|--|--|---|--------------------------|--|
| Street Number  | Street Name                     |  |  | Unit#   |                          |  |
| City   |                                 | State  |  |   | Zip                      |  |
| Owner's Emergency Phone Start Date of Rental  II. OCCUPANT INFORMA   |                                 |  | nunity/Homeowner Associa<br>y)   | tion Nam  | e (if applicable)        |  |
| Is the property: Owner Relativ   | Occu<br>e Occ<br>ive is de      | •  | YES NO   |   | ,                        |  |
| III. LICENSE FEE/STRUC The fiscal licensing year is Ju The full fee is due if the proper   | TURE                            | TYPE<br>rough June 30.   | FEES ARE NOT PRORATE   | D.  | LICENSE I GE.            |  |
| Structure Type   | Check<br>one                    | Annual Unit<br>Fee   | Structure Type   | Check<br>on   | Annual Unit<br>Fee       |  |
| Single Family Detached House   |                                 | \$98.00  | Condo/Garden Apartment   |   | \$56.00                  |  |
| Townhouse  |                                 | \$98.00  | Condo/High-rise Apartment  |   | \$56.00                  |  |
| Duplex   |                                 | \$98.00  | Stacked Piggyback Townhou  | se  | \$56.00                  |  |
| Back-to-Back Townhouse   |                                 | \$98.00  |  |   |                          |  |
| Quadraplex   |                                 | \$98.00  |  |   |                          |  |

Please note: Montgomery County Government now uses the services of CheckAgain – Enhanced Check Management Services.

If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling (800)666-5222 ext. 2 to arrange payment for any outstanding checks and service fees due. <a href="https://www.checkagain.com">www.checkagain.com</a>

|  |                            |               | ship type and complete only            | the corresponding section  |                   |  |
|--|----------------------------|---------------|--|----------------------------|-------------------|--|
| A. SOLE PROPRIE  | TORSHIP (Individual        | ) <u>or</u>   |  |                            |                   |  |
| First Owner's Name   |                            |               | Second Owner's Name (if applicable)    |                            |                   |  |
| First Owner's Residing Street Address (If P.O. Box, Must Assign a Legal Agent) |                            |               | Second Owner's Residing Street Address |                            |                   |  |
| City   | State/Country              | Zip           | City                                   | State/Country              | Zip               |  |
| Daytime Phone  | Cellular/Evening           | Phone         | Daytime Phone                          | Cellular/Eveni             | ng Phone          |  |
| Fax# Email Address   |                            | Fax#          | Email Address                          | Email Address              |                   |  |
| B. PARTNERSHIP   | or LIMITED LIABILIT        | Y COMPA       | NY <u>or</u>                           |                            |                   |  |
|  |                            |               |  |                            |                   |  |
| Name of Partnership or LLC   |                            |               | ***Partner's/Member's Name             |                            |                   |  |
| Partnership Street Address   |                            |               | Partner's Street Address               |                            |                   |  |
| City   | State                      | Zip           | City                                   | State                      | Zip               |  |
| Daytime Phone  | Evening Phone              |               | Daytime Phone                          | Evening Phone              | )                 |  |
| Fax#   | Email Address              |               | Fax#                                   | Email Address              |                   |  |
| ***Must provide info for all   | partners/members holding 1 | 0% or more in | nterest, please provide additio        | nal partner/member info on | a separate sheet. |  |
| C. TRUST or  |                            |               |  |                            |                   |  |
|  |                            |               |  |                            |                   |  |
| Name of Trust  |                            |               | Trustee's Name                         |                            |                   |  |
| Daytime Phone  | Evening Phone              |               | Trustee's Street Addr                  | ess                        |                   |  |
| Fax#   | Email Address              |               | City                                   | State                      | Zip               |  |
| D. CORPORATION   |                            |               |  |                            |                   |  |
| Name of Corporation  |                            |               | Name of Maryland R                     | esident Agent              |                   |  |
| Corporation Street Add   | dress                      |               | Resident Agent's Stre                  | eet Address                |                   |  |
| City   | State                      | Zip           | City                                   | State                      | Zip               |  |
| Daytime Phone  | Evening Phone              |               | Daytime Phone                          | Evening Phone              |                   |  |
| Fax#   | Email Address              |               | -   -                                  | Email Address              |                   |  |
| rax#   | Email Address              |               | Fax#                                   | Email Address              |                   |  |
| -  | C                          | orporation    | President's Name                       |                            |                   |  |
| Corporation President'   | s Street Address           |               | Daytime Phone                          | Evening Phone              |                   |  |
| City   | State                      | Zip           | Fax#                                   | Email Address              |                   |  |

| V. CONTACT INFORMATION   |                                   |                               |  |  |
|--|-----------------------------------|-------------------------------|--|--|
| A. Administrative Agent (Retaining an Administrative Agent is not required. If this section        | ion is left blank, owner will ser | ve as administrative agent.)  |  |  |
| Who should we contact for business purposes, s   |                                   |                               |  |  |
| Owner  |                                   |                               |  |  |
| or   |                                   |                               |  |  |
| ☐ Administrative Agent as Listed Below   |                                   |                               |  |  |
|  |                                   |                               |  |  |
|  |                                   |                               |  |  |
| Agent's Name   | Agent's Street Address            |                               |  |  |
| A centile Company Name (if applicable)   | Otto.                             |                               |  |  |
| Agent's Company Name (if applicable)   | City                              | State Zip                     |  |  |
| Daytime Phone Cellular/Evening Phone   | - <del></del><br>Fax#             | Email Address                 |  |  |
| · · · · · · · · · · · · · · · · · · ·  | rax#                              | Email Address                 |  |  |
| B. Legal Agent (must be provided;)   |                                   |                               |  |  |
| (made so provided,)  |                                   |                               |  |  |
| County law requires all owners to assign a Lega  |                                   | •                             |  |  |
| Owners residing in Maryland may designate the <b>MUST</b> designate a Legal Agent who resides with |                                   |                               |  |  |
| responsible for the rental property or fees due.   | iii tile State of Maryla          | ind. A Legal Agent is not     |  |  |
|  |                                   |                               |  |  |
| Please Note:  ❖ The Legal Agent cannot be your tenant (⊤   | 'hia aan ha a familu mambar fria  | nd rooker eta                 |  |  |
| <ul> <li>You must provide the Legal Agent's Mary</li> </ul>  |                                   | ilu, realtor, etc. <b>/ .</b> |  |  |
| The Legal Agent MUST sign below to accompany   | ept responsibility as a           | agent.                        |  |  |
| Owner designates self as Legal Agent and re  | esides in the STATE (             | OF MARYLAND                   |  |  |
| (Home address already provided under C   | wnership Information.             | .)                            |  |  |
| Owner designates the below named Marylar   | nd resident as Legal A            | gent                          |  |  |
|  |                                   |                               |  |  |
|  |                                   |                               |  |  |
| Legal Agent's Name (Print or Type clearly above)   |                                   |                               |  |  |
|  |                                   |                               |  |  |
| Legal Agent's <b>HOME</b> Street Address   | Daytime Phone                     | Cellular/Evening Phone        |  |  |
| Maryland   |                                   |                               |  |  |
| City   | Fax#                              | Email Address                 |  |  |
| Lundorotond and accept reamons it iller as I am I A  | at for comics of land             | 2000                          |  |  |
| I understand and accept responsibility as Legal Ager   | it for service of legal pro       | ocess:                        |  |  |
| x  |                                   |                               |  |  |
| Legal Agent's Signature  |                                   | Date                          |  |  |

## VI. LEAD POISONING PREVENTION CHECKLIST – (must be completed)

Maryland law requires that all owners of residential rental property comply with the State Lead Poisoning Prevention requirements and that proof of compliance be provided to local government before authorizing a property to be rented.

## Please Note:

- ❖ You MUST provide the following information before your property will be licensed to operate as a rental facility in Montgomery County.
- Further information regarding Lead Poisoning Prevention and compliance may be obtained through Maryland Department of the Environment (MDE) online at www.MDE.state.md.us or by telephone at 1-800-633-6101 or 410-537-4199.

| Copies of Inspection Certificates must be provided for those homes built before January 1, 1950.   |
|--|
|  |
| 1. Was this residential rental property built before January 1, 1950?  Yes No Year Built  *If YES, you must answer the remaining questions. If NO, skip to signature.  |
| 2. Is this property registered with MDE?  Yes No No *If YES, enter MDE Tracking #  (Formerly referred to as the MDE owner number.)  *If NO, please contact (MDE) online at <a href="https://www.MDE.state.md.us">www.MDE.state.md.us</a> or by telephone at 1-800-633-6101 or 410-537-4199 for information on registration requirements.   |
| 3. <b>Is the property registration current?</b> Yes No No *If NO, please contact (MDE) online at <a href="https://www.MDE.state.md.us">www.MDE.state.md.us</a> or by telephone at 1-800-633-6101 or 410-537-4199 for information on registration requirements.   |
| 4. What is your Lead Inspection Certificate # for current tenancy  *Copies of Lead Inspection Certificates Must be Provided for Properties Built Before 1950*  |
| VII. OWNER'S SIGNATURE (Agent's signature not acceptable)  I affirm under penalty of perjury that the above information is true to the best of my knowledge and belief. I also understand that if there are any changes in property ownership, owner address, or agent/contact information that I must notify Montgomery County Department of Housing and Community Affairs, Licensing and Registration Unit within 10 days of the change. |
| Owner's Signature (Agent's signature not acceptable)  Date   |
| Print or Type Name of Person Signing  Owner Checklist:   |
| Signed the application? Designated a Legal Agent in Maryland?  |
| <ul><li>☐ Completed Lead Poisoning Prevention Checklist?</li><li>☐ Copy of Lead Inspection Certificate?</li><li>☐ Enclosed License Fee as Check or Money Order Payable to Montgomery County?</li></ul>   |